Randomized Control Trials of Dialectical Behavior Therapy since 2013
An acknowledgement and thank you to

- **Eunice Y. Chen** for spearheading this project and coordinating with her team in getting all the pieces together.

- **Teneisha Myers** for kick starting the process and working out the search terms to capture the original studies.

- **Anushka Ravishankar & Shely Khaikin** for screening hundreds of abstracts and titles, as well as creating the initial collation of the data into a table.

- **Prinjasi Das** for compiling a majority of the data.

https://doi.org/10.1159/000348451

**Country:** Germany

**Participants:** Childhood and sexual abuse related PTSD (45% BPD); Age: 17-65 years

**Treatments**
- Residential DBT-PTSD (n=36)
- TAU-WL (treatment as usual)(Waitlist) (n=38)

**DBT Modes**
- 12 weeks of modified DBT
- 23 individual sessions (DBT + formal exposure)
- Weekly DBT skills groups & other group types
- Consultation team use unknown
- Phone coaching not applicable

**Outcomes & Comments**
- DBT-PTSD>TAU-WL in reducing PTSD.
- DBT-PTSD>TAU-WL in increasing global functioning and decreasing depression.
- DBT-PTSD=TAU-WL improving general psychopathology or BPD criteria.

https://doi.org/10.1016/j.eatbeh.2016.06.014

United States of America

Met criteria for Loss of Control Eating Disorder (LOC-ED) or Binge-Eating Disorder (BED) in children; Age: 13-17 years

**Treatments**

- LIBER8 (Linking Individuals Being Emotionally Real) (n=28)
- 2BFIT weight management control group (n=17)

**DBT Modes**

- 12 session group interventions delivered in weekly 1.5 hour sessions
- Skills training
- Mindfulness
- CBT (cognitive-based therapy)
- Self –monitoring through texts

**Outcomes & Comments**

- No group difference between LIBER8 and 2BFIT in eating disorder cognitions, dietary restraint, and eating in response to negative affect
- Mean attendance LIBER8 vs 2BFIT (64.9% vs 68.5%)
- Completed post-test LIBER8 vs 2BFIT (64.3% vs 76.5%)
- Completed follow up LIBER8 vs 2BFIT (42.9% vs 67.4%)

Country: Canada

Participants: Met DSM-4 criteria for Borderline Personality (BPD); Age: 18-60 years

Treatments
- DBT (n=90)
- GPM (General Psychiatric Management) (n=90)

DBT Modes
- One year of treatment (outpatient)
- Individual sessions (1 hour weekly)
- Skills training (2 hours weekly)
- Phone Coaching (2 hours weekly)
- Consultation Team for therapists (2 hours weekly)

Outcomes & Comments
- DBT + GPM showed reduction in frequency and severity of suicidal and non-suicidal self-injurious episodes
- No significant difference between the DBT and GPM group
- Completed DBT vs GPM (61.1% vs 62.2%)

https://doi.org/10.1111/acps.12664

https://doi.org/10.1017/S0033291716002543

Country: United States of America

Participants: Met DSM-5 criteria for Bulimia Nervosa (BN) or Binge-Eating Disorder (BED); Age: 18 years and up

Treatments
- DBT (n=36)
- CBT (Cognitive-based therapy) (n=31)
- cGSH (continued guided self-help cognitive behavior therapy) (n=42)

DBT Modes
- 6 months of weekly sessions
- 2 hours of skills group
- 1 hour of individual therapy
- 2 hours with a therapist consultation team
- 24-hour phone coaching

Outcomes & Comments
- No difference in superiority of DBT and CBT for weak responders of cGSH in objective binge day frequency
- Completed DBT vs CBT (69.4% vs 54.8%)

Country: Germany

Participants: Current diagnosis of PTSD related to childhood sexual abuse; Age: 17-65 years

Treatments
- DBT-PTSD (n=39)
- TAU (treatment as usual) waitlist control group (n=39)

DBT Modes
- 12 and 14 weeks of a modular residential treatment
- Group skills training and psychoeducation
- Individual psychotherapy (with target hierarchy)
- Trauma-focused cognitive and exposure-based interventions
- Radical acceptance of trauma related facts and on psychosocial aspects

Outcomes & Comments
- Does not report on differences between DBT and TAU
- Completed DBT vs TAU (64.1% vs 20.5%)

https://doi.org/10.1016/j.jaac.2017.07.789

**Country:** United States of America

**Participants:** DSM-5 criteria for Disruptive Mood Dysregulation Disorder (DMDD); Age: 7-12 years

**Treatments**
- DBT-C (Dialectical Behavior Therapy with Pre-adolescent children) (n=21)
- TAU (treatment as usual) (n=22)

**DBT Modes**
- 32 weekly 90-min sessions
- Individual therapy
- Skills training
- Phone coaching calls
- Therapist team consultation
- Parent Training

**Outcomes & Comments**
- DBT-C>TAU; children had higher positive response rate on the Clinical Global Impression-Improvement scale and improved behavior outbursts and angry/irritable mood in the DBT condition
- Completed DBT vs TAU (100% vs 63.6%)

https://doi.org/10.1016/j.brat.2018.02.002

Country: United States of America

Participants: Met DSM-4 criteria for Post-Traumatic Stress Disorder (PTSD); Age: 18-60 years

Treatments
- DBT + DBT prolonged exposure protocol (PE) (n=17)
- DBT (n=9)

DBT Modes
- One year of treatment (outpatient)
- Individual psychotherapy (1 hour/week)
- Group skills training (2.5 hours/week)
- Phone Consultation (as needed)
- Therapist Consultation team

Outcomes & Comments
- DBT + DBT-PE > DBT on global social adjustment, healthy-related quality of life and achieving good global functioning, but not interpersonal problems or quality of life
- Completion of DBT + DBT-PE (47.1%)

https://doi.org/10.1001/jamapsychiatry.2018.1109

Country: United States of America

Participants: Prior lifetime suicide attempt (≥3 prior self-harm episodes, suicidal ideation, or emotional dysregulation); Age: 12-18 years

Treatments
- DBT (n=86)
- IGST (Individual and Group Supportive Therapy) (n=87)

DBT Modes
- DBT standardized treatment for 6 months
- Weekly psychotherapy
- Therapist consultation team meeting

Outcomes & Comments
- Support the efficacy of DBT for reducing self-harm and suicide attempts in highly suicidal self-harming adolescents

https://doi.org/10.1037/per0000276

**Country:** Sweden

**Participants:** Met DSM-4 and International Classification of Diseases (ICD-10) criteria for Borderline Personality Disorder (BPD); Age: 18-65 years

**Treatments**
- DBT (n=35)
- ORP (Object-relational Psychotherapy) (n=36)
- TAU (n=35)

**DBT Modes**
- One year of treatment
- Biweekly individual psychotherapy
- Weekly 2-hour group skills training
- Phone consultation

**Outcomes & Comments**
- ORP>DBT+TAU for patients with lower psychiatric severity
- ORP=DBT=TAU; all three resulted in similar improvements in overall levels of functioning at higher levels of psychiatric severity
- Completed DBT vs ORP vs TAU (85.7% vs 75% vs 100%)

https://doi.org/10.1002/cbm.2102

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<thead>
<tr>
<th>Country:</th>
<th>Italy</th>
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<tbody>
<tr>
<td>Participants:</td>
<td>DSM-5 diagnosis of Borderline Personality Disorder (BPD); Age: 30-50 years</td>
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<tr>
<td>Treatments</td>
<td>DBT with REMS (Residenze per L’Esecuzione delle Misure di Sicure) (n=10)</td>
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<td>Just REMS (n=11)</td>
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<tr>
<td>DBT Modes</td>
<td>12 months of 60 min session</td>
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<td>Individual therapy</td>
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<td>Weekly group therapy sessions</td>
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<td>Coaching in mindfulness</td>
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<tr>
<td>Outcomes &amp; Comments</td>
<td>DBT with REMS&gt;REMS; significant reduction in motor impulsivity scores measured by the BIS-11 (Barratt Impulsiveness Scale), and emotional regulation measured by DERS (Difficulties Emotion Regulation Scale) total score</td>
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https://doi.org/10.1186/s40337-020-00299-z

Country: Netherlands

Participants: Included only a BMI (Body Mass Index) greater than or equal to 30; Age: 18 years and up

Treatments

- DBT-BED (Dialectical Behavior Therapy for Binge Eating Disorder) (n=41)
- CBT+(intensive Cognitive Based Therapy) (n=33)

DBT Modes

- 20 group sessions over 20 weeks with 2-hour sessions each week
- First two sessions focus on goals of therapy
- 2nd phase(sessions 3-18): 3 modules comprising of mindfulness, emotion regulation, and distress tolerance
- 3rd phase (sessions 19-20): review and enhancement of learned skills and plans for future

Outcomes & Comments

- CBT+->DBT-BED in greater reduction in EDI-3 Low Self Esteem and overall produce better outcomes
- Completion of DBT-BED vs CBT+ (65% vs 45.8%)

https://doi.org/10.4103/jrms.JRMS_673_19

Country: Iran

Participants: Diagnosis of functional dyspepsia based on the ROME III protocol; Age: 18-50 years

Treatments
- DBT (n=20)
- Anxiolytic drug treatment group (n=20)
- Control (n=20)

DBT Modes
- Eight 90-min weekly sessions
- Each session includes presentation of goals and topics related to that session
- Discussion and internship sessions
- Out of class exercises

Outcomes & Comments
- DBT>control and anxiolytic drug in decrease in severity of functional dyspepsia
- No difference between treatment groups in Beck Anxiety Inventory Score

https://doi.org/10.1177/0004867420931164

Country: Australia

Participants: DSM-4 diagnosis of Borderline Personality Disorder (BPD); Age: 18-65 years

Treatments
- DBT (n=83)
- Conversational Model (n=83)

DBT Modes
- 14-month treatment
- Weekly individual therapy
- Weekly group skills training
- Access to after-hours phone coaching

Outcomes & Comments
- DBT>conversational model in reduction of depression scores
- No difference between treatment models in reduction of suicidal and non-suicidal self-injury

https://doi.org/10.1001/jamapsychiatry.2020.2148

Country: Germany

Participants: Met DSM-4 criteria for Borderline Personality Disorder (BPD) and childhood abuse Post-traumatic Stress Disorder (PTSD); Age: 18-65 years

Treatments

- DBT-PTSD (Dialectical Behavior Therapy-Post-traumatic Stress Disorder) (n=103)
- CPT intervention (Cognitive Processing Therapy) (n=97)

DBT Modes

- 45 weekly sessions over 1 year
- Individual therapy
- Homework assignments
- Phone consultation as needed

Outcomes & Comments

- DBT-PTSD>CPT in improved CAPS-5 score
- Participants in the DBT-PTSD group were less likely to drop out early than CPT intervention group

https://doi.org/10.1002/jclp.23049

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<th>Country:</th>
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<tr>
<td>Participants:</td>
<td>Met DSM-5 criteria for ADHD and stable medication treatment; Age: 18-60 years</td>
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### Treatments
- DBT-ST (Dialectical Behavior Therapy-Skills Training) (n=16)
- TAU (n=15)

### DBT Modes
- 12-week standard DBT

### Outcomes & Comments
- DBT-ST has showed no significantly higher improvement in ADHD symptoms in comparison to TAU
- DBT-ST completion rate of 81.25%

https://doi.org/10.1111/camh.12452

**Country:** United States of America

**Participants:** two episodes of NSSI (non-suicidal self-injury), at least one of which occurred in the last 16 weeks, between the ages of 10 and 19; Age: 10-18 years

**Treatments**
- DBT-A (n=21)
- DBT A Plus (additional cognitive intervention for NSSI) (n=19)

**DBT Modes**
- Delivered over 7 weeks in partial hospitalization
- Weekly individual therapy
- Problem-solving group
- Skills training
- Telephone coaching
- Consultation group

**Outcomes & Comments**
- There was no evidence of an indirect effect of targeting self-criticism upon NSSI at post-treatment via post-treatment self-criticism
- DBT-A Plus compared to DBT-A was associated with a 100% lower frequency of NSSI at post-treatment for individuals with pretreatment levels of self-criticism

https://doi.org/10.22122/arya.v17i0.2188

Country: Iran

Participants: Cardiovascular Disease-Myocardial Infarction (MI); Age: 25-45 years

Treatments
- DBT (n=15)
- CBT (n=15)
- Control (n=15)

DBT Modes
- 8 weekly 90 min sessions of group therapy
- Sessions included goals and discussion
- Mindfulness practices

Outcomes & Comments
- DBT>CBT on perceived stress and coping skills in patients after MI
- DBT>CBT in improving emotion-focused coping

Country: Canada

Participants: Mild to moderate intellectual disability; Age: 18-65 years

Treatments
- aDBT-ID (adapted DBT for intellectual disability) (n=10) along with caregivers (n=10)
- Control (n=10) along with caregivers (n=10)

DBT Modes
- Sessions were held weekly for 2 hours over 12 weeks

Outcomes & Comments
- aDBT-ID > Control which is feasible and beneficial to deliver in community with intellectual disabilities

https://doi.org/10.1016/j.jaac.2021.01.016

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<td>Participants:</td>
<td>1 or more lifetime suicide attempts; 3 or more lifetime self-harm attempts; greater than or equal to 24 on the Suicidal Ideation Junior Questionnaire; DSM-5 BPD disorder criteria; Age: 13-15 years</td>
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<tr>
<th>Treatments</th>
<th>DBT (n=86)</th>
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<td>IGST (Individual and Group Supportive Therapy) (n=87)</td>
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<tr>
<th>DBT Modes</th>
<th>12-month standard DBT treatment</th>
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<tr>
<td></td>
<td>Weekly individual psychotherapy</td>
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<td></td>
<td>Multi-family group skills training</td>
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<td></td>
<td>Brief youth and parent telephone coaching focused on skill</td>
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<td></td>
<td>Use/crisis support available 24 hours</td>
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<td>Weekly therapist team</td>
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<tr>
<th>Outcomes &amp; Comments</th>
<th>DBT&gt;IGST in greater improvements on youth emotion regulation</th>
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<tr>
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<td>Completion DBT vs IGST (80.2% vs 73.6%)</td>
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[https://doi.org/10.1037/ccp0000674](https://doi.org/10.1037/ccp0000674)

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<td>Participants:</td>
<td>Met DSM-4 criteria for BPD; Age: 19-52 years</td>
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### Treatments
- TFP (Transference-focused psychotherapy) (n=30)
- DBT (n=29)
- SPT (Supportive psychodynamic therapy) (n=29)

### DBT Modes
- 12 months of treatment
- Individual therapy
- Group skills training
- Phone coaching
- Consultation teams with therapists

### Outcomes & Comments
- TFP>DBT+SPT; predicted lower emotional arousal

https://doi.org/10.21037/apm-21-2466

Country: China

Participants: Age: 18-23 years

Treatments

- DBT (n=26)
- Control (n=26)

DBT Modes

- Group DBT interventions were performed 8 times, twice weekly for about 90 min each

Outcomes & Comments

- DBT>control in alleviating anxiety and depression of medical students during the normalization of epidemic prevention and control

https://doi.org/10.1037/ccp0000687

Country: Germany

Participants: Met DSM-4 criteria for BPD and co-occurring PTSD

Treatments
- DBT-PTSD (n=43)
- CPT (Cognitive Processing Therapy) (n=50)

DBT Modes
- 45 weekly therapeutic sessions during the first 12 months, followed by a booster phase with 3 additional sessions during the following three months
- Individual therapy
- Homework assignments
- Phone consultations

Outcomes & Comments
- DBT-PTSD>CPT in differential effect for both PTSD and BPD as well as their symptoms
- 39 people drop out(DBT-PTSD=32.6% vs CPT=50.0%)

https://doi.org/10.1017/s0954579421000948

**Country:** United States of America

**Participants:** Met DSM-4 criteria for BPD for half the mothers; Age for mother: 25-45 years; Age for child: 35-47 months

**Treatments**
- DBT (n=14)
- WLC (Waitlist control) (n=25)
- HC (Healthy Control) (n=38)

**DBT Modes**
- 12-month standard DBT

**Outcomes & Comments**
- DBT>WLC in improvements in emotional regulation (ER)
- DBT+WLC>HC showed greater improvements in ER difficulties across 12 months
- Completion of all treatment groups at 12 months is 45.9%

https://doi.org/10.1037/per0000526

**Country:** United States of America

**Participants:** Met DSM-5 criteria for BPD: Age: 20-40 years

**Treatments**
- DBT (n=90)
- GPM (General Psychiatric Management) (n=90)

**DBT Modes**
- 12-month Standard DBT

**Outcomes & Comments**
- Time varying alliance is a better predictor of rate of changes in outcomes compared with alliance measured at a single point
- Client, not therapist, contribution to alliance was significant in predicting outcomes

https://doi.org/10.1186/s12888-022-04356-6

Country: Norway

Participants: DSM-IV criteria for ADHD; Age: 21-59 years

Treatments
- DBT-bGT (Dialectical behavior therapy-based group treatment (n=50)
- TAU (n=54)

DBT Modes
- 14 weekly sessions of 2 hours
- Psychoeducation
- Acceptance
- Mindfulness
- Functional behavioral analysis
- Individual coaching

Outcomes & Comments
- DBT-bGT > TAU in reducing executive dysfunction, core symptoms of ADHD and improving quality of life
- Completion of DBT-bGT vs TAU (92% vs 74.1%)

https://doi.org/10.47626/2237-6089-2020-0156

**Country:** Iran

**Participants:** General Anxiety Disorder (GAD) diagnosed by psychiatrist; Age: 21-35 years

**Treatments**
- DBT (n=36)
- CBT (n=36)

**DBT Modes**
- Standard DBT session
- 16, 1-hour sessions focused on mindfulness skills, distress tolerance, emotion regulation and interpersonal effectiveness skill

**Outcomes & Comments**
- DBT>CBT; DBT led to improvement of all research variables in patients with GAD in the DBT group; greater effective of Executive Function (EF)
- Completion of DBT vs CBT (94.4% vs 91.7%)

https://doi.org/10.1016/j.msard.2021.103481

Country: United States of America

Participants: Met criteria for Multiple Sclerosis; Age: 35-63 years

Treatments
- DBT (n=20)
- FPS (Facilitated Peer Support) (n=20)

DBT Modes
- 12 weeks of Standard DBT

Outcomes & Comments
- DBT>FPS in greater reduction of anxiety and depression symptoms
- 86% individuals screened were eligible for the trial and retention(70%) did differ between study arms

[https://doi.org/10.1002/eat.23750](https://doi.org/10.1002/eat.23750)

### Country:
Netherlands

### Participants:
Met DSM-4 criteria Binge-Eating Disorder (BED); Age: 18-60 years

### Treatments
- DBT-BED (n=42)
- CBT+ (n=133)

### DBT Modes
- 6-month Standard DBT

### Outcomes & Comments
- CBT+ vs DBT-BED in decrease of global eating disorder psychopathology
- Dropout of treatment CBT+ vs DBT-BED (15.0% vs 19.0%)

https://doi.org/10.1159/000525102

Country: United States of America

Participants: Met DSM-4 criteria for BPD; Age: 18-60 years

Treatments
- DBT-6 months (n=120)
- DBT-12 months (n=120)

DBT Modes
- Standard DBT
- Weekly individual therapy sessions
- Weekly skills training group sessions
- Telephone consultation as needed
- Weekly therapist consultation as needed

Outcomes & Comments
- DBT-6 months>DBT-12 months; showed more rapid reduction in BPD criterion behaviors and general psychopathology

https://doi.org/10.1186/s12888-022-04435-8

**Country:** Sweden

**Participants:** Clinical diagnosis of Attention-deficit/hyperactivity disorder (ADHD) according to the International Classification of Disease (ICD-10); Age: 15-18 years

**Treatments**
- SSTG (Structured Skills Training Group) (n=71)
- Control Group (Psychoeducational control intervention) (n=57)

**DBT Modes**
- 14 weekly, 2-hour sessions
- SSTG: age-adapted version of a manualized DBT-based group program originally developed for adults with ADHD
  - Skills training
  - Group discussion
  - Homework assignments between sessions

**Outcomes & Comments**
- No group differences in favor of the SSTG were observed in any of the study outcomes
- Initiation of treatment SSTG vs Control Group (62% vs 76%)
- Completion of treatment in homework completion SSTG vs Control Group (45% vs 43%)

https://doi.org/10.1001/jama.2022.0423

Country: United States of America

Participants: Outpatients reporting frequent suicidal thoughts identified using routine Patient Health Questionnaire depression screening; Age: 18 years and up

Treatments
- Usual care (n=6187)
- DBT skills training (n=6227)
- Care management (n=6230)

DBT Modes
- 12 months standard DBT

Outcomes & Comments
- Usual care > DBT and care management
- Care management did not significantly reduce risk of self-harm
- DBT increased risk of self-harm

**Country:** United States of America

**Participants:** Met DSM-4 criteria for BPD: Ages: 21-37 years

**Treatments**
- Clarkin et al. Trial
- TFP (transference-focused psychotherapy) (n=29)
- DBT (n=31)
- SPT (supportive psychodynamic therapy) (n=28)

**DBT Modes**
- 12 months of DBT treatment
- Weekly individual therapy
- Skills training group
- As needed emergency phone consultation session
- Therapist team consultation

**Outcomes & Comments**
- TFP and SPT>DBT at low reflective functioning